

Affidavit of Detachment of Manufactured Home

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Building Division, P.O. Box 30255
Lansing, MI 48909
517/241-9317
Authority 1987 PA 96

Fee: \$45.00

Instructions:

- Complete application and sign before a notary.
- An executed original must be recorded with the Register of Deeds for the county in which the real property is located.
- Mail duplicate original executed affidavit, application for Certificate of Title, appropriate documentation, and fee to the address above.

For Department Use Only

Filed and Accepted by the Department on

Owner and Home Information			
Name of Owner			
Address			
City		MICHIGAN	Zip Code
County		Telephone Number ()	
Manufacturer	Model	Year of Manufacture	
Manufacturer's Serial Number or Number Assigned by the Department			
Provide legal description of the real property from which the mobile home is being detached.			
I have enclosed the following documentation with this application. <input type="checkbox"/> Application for Certificate of Title <input type="checkbox"/> Proof that there are no security interests or liens on the mobile home			
I certify the mobile home is being detached from the real property described above.			
Signature of Owner			Date

Subscribed and sworn before me, this _____ day of _____, _____.

A Notary Public in and for _____ County, Michigan.

_____ My Commission expires on _____.

(Signature of Notary Public)

OVER

Secured Parties		
1st Secured Party		
Street Address		
City	State	Zip Code
I hereby give consent to the detachment of the mobile home from the real property described above.		
Signature of Authorized Representative		Date
2nd Secured Party		
Street Address		
City	State	Zip Code
I hereby give consent to the detachment of the mobile home from the real property described above.		
Signature of Authorized Representative		Date

DRAFTED BY:

Name		
Address		
City	State	Zip Code

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

OFFICE USE ONLY - VALIDATION AREA

After filing, the Department will return one (1) copy of the affidavit to the one (1) individual selected below at the address shown on the affidavit:

☐ Owner
 ☐ 1st Secured Party
 ☐ Drafter